Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	2021 UCT -4 PM 4:51
Participant's Name:	GUILLERMO REYNES BONETA
Participant's Address:	28620 DISCOVERY RD., TAVARES, FL 32778
Participant's Email Address:	AWILDAREYNES@HOTMAIL.COM
Name of Counsel:	NONE
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	17 BK 3283-LTS
Nature of Claim:	PROMESA - TITLETTL
By: Ander Regarder	Boreto
GULLERM Print Name	OAREYNES
Title (if Participant is	not an individual)
9/24/202 Date	

CHILLERMO A. REYNES-BONETA 28620 DISCOVERY RD. TAVARES FL 32778

US District Court, Clerk's & Jan Juan, P.R. 00918-1767

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Participant must provide all of the information below in English: PR

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Juan Carlos Falcois Lopez
Participant's Address: Usb. Jacquax calle 1 #102 Juan Diaz, P.R. 00797
Participant's Email Address: 1cf 15@hotmail-com
Name of Counsel: I do Not have a Counsel
Address of Counsel: ν/a
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 BK 3283 - LTS
Nature of Claim: I am retired from Correctional Administration
By: Tuen Coules Folion Lopez Signature
Trint Name Print Name
Title (if Participant is not an individual)

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

September - 21 - 2021 Date

Upb. Jacaguax calle 1 # 102 Juana Diaz, P.R. 00791

United State District Court Clerk's Office, 150 Aug-Carlos Chardon Ste. 150 San Juan, P.R. 00918-1767

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Case:17-03283-LTS Doc#:18391-1 Filed:10/05/21 Entered:10/05/21 12:14:26 Desc: Pro se Notices of Participation Page 5 of 49

Participant must provide all of the information below in English: PR

1. Participant's contact information, including email address, and that of its counsel,
Participant's Name: Hector M. Rodriguez Pagan
Participant's Name:
Participant's Address: P. O. BOX 943 Ciales, P. Rouy3.
Participant's Email Address: Iris padilla alvarez og mail.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 179557
Nature of Claim: Autoridad de Acueducto y Alcantarilla
By: Juin Padella augus de Manasti, P. R. 00638 Signature
IRis H. Padilla Alvarez Print Name
Timervanie
Title (if Participant is not an individual)
20 Sept. 2021 Date
<u>Instructions for Filing Notice of Participation</u> : If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in <i>In re Commonwealth of Puerto Rico</i> , Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's
Nature Claim: El sistema de Retiro de los Empleados del Gobierno del Estado Libre Asociado de P.R.
210720V2 Coverna Attion Discovery Programme Norman

a que é 5 de marzo 2021. Los documentos de Unando la Información. le estanllegando y quisiera saber si que él tenía derecho o Por esa ranin ostan Hector M. Rodriguez laggis BY SELEN ENTER TO

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Chardon Ste 150,

CLERN'S OFFICE U.S. DISTRICT COURT SAN JUAN, PR

Participant must provide all of the information below in English: 4: 52

Participant's contact information, including email address, and that of its counsel,

Participant's Name:

Participant's Address: Alwass Se Romazo calle Oscar G. Mandra Address: Formula and the nature of Participant's Claim:

Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Signature

Aurea E. Sanchez Ratila

Print Name

Title (if Participant is not an individual)

Sept. 24, 2021

Date

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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Case:17-03283-LTS Doc#:18391-1 Filed:10/05/21 Entered:10/05/21 12:14:26 Desc: Pro se Notices of Participation Page 10 of 49

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Doloves Velázquez Vargus
Participant's Address: P.O. Box 7/9 Cidra Sto. Kico 00739
Participant's Email Address: dvvargas 329 @ q mail. com.
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: $103265 - 108120 - 51594$
Nature of Claim: Wages Back Pay Promesa Title TIL 17 BK 3283
By: Dulous Wagner Congas Signature
Dolores Velazquer larges Print Name
Title (if Participant is not an individual)
21 de septiembre de 2021

Kico 00739

Total Control Control

150, San Juan, P.R. 00918-

Case:17-03283-LTS Doc#:18391-1 Filed:10/05/21 Entered:10/05/21 12:14:26 Desc: Pro se Notices of Participation Page 12 of 49

1.

Participant must provide all of the information below in English: COURT SAN JUAN, PR

Participant's contact information, including email address, and that of its counsel,

if any:	2021 OCT -4 PM 4: 52
Participant's Name:	Maria del Carmen Perez Gonzale
Participant's Address:	210 Villa San Agustin, Camuy, 00
Participant's Email Address:	perezm 74 @ yahoo. com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	67 433
Nature of Claim: By: Maria del C. Print Name	Erg Long alg Perez Gonzalez
Title (if Participant is a	not an individual)
September	21, 2021



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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim Title (if Participant is not an individual) Date

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San Juen, DR 00918-1767 150 Ave. Carlos Chardon District Court

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SRF 55923

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: NU. 17 BK 3283-LTS Claim Number: Nature of Claim: By: Signature Angel R. Figueraa Carballo Title (if Participant is not an individual) Date

CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, PR

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United States Distric Court, (Office, 150 Ave. Carlos Chardon San Juan, P.R. 00918-1767

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Case:17-03283-LTS Doc#:18391-1 Filed:10/05/21 Entered:10/05/21 12:14:26 Desc Pro se Notices of Participation Page 18 of 49

Participant must provide all of the information below in English.

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Norma Podriquez Cintron
Participant's Address:	Norma Podriguez Cintron Urb. Las Flores calle 4-I-8 Juana Dlaz P.R.00795
Participant's Email Addre	[20] 4 이 주시, 62에 () 12 - 12 (20) , 64 (20) (20) (20) (20) (20) (20) (20) (20)
Name of Counsel:	N/A
Address of Counsel:	NIA
Email Address of Counsel	NIA
2. Participant'	s Claim number and the nature of Participant's Claim:
Print Name	122098, 50843 Claim for money owed for years of service as a teacher of Intermediate Level Spanish in the Education Department of fuerto Rico right forman aguez Cintron A is not an individual)
Date	

U.S. DISTRICT COLORS
SAN JUAN, PR
MI OCT -4 PM 4:52

Norma Rodniquez Cintrón Urb. Las Flores Calle 4-I-8 Juana Diaz, P.R. O07985 3 United

22921-915025

In Juan, P.R. 00918-1767

States District Court
Office
e. Carlos Chardon Ste. 150



Case:17-03283-LTS Doc#:18391-1 Filed:10/05/21 Entered:10/05/21 12:14:26 Desc Pro se Notices of Participation Page 20 of 49

Participant must provide all of the information below in English COURT

if any:	ontact information, including email address, and that of its counsel,
Participant's Name:	Elitabeth Santiago Rodriguez 3035 SW 113th Dr Gainesville, FL326
Participant's Address:	
Participant's Email Address:	elisantiago calimano @ gmail. com
Name of Counsel:	NA
Address of Counsel:	NIA
Email Address of Counsel:	NIA
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	55790
Nature of Claim:	Dwed money from pension plan
By: <u>Elizabeth</u> Signature	sansiago podriguez
Elicabeth &	santiago podriguez
Title (if Participant is $9/25/2/$	not an individual)
Date /	

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Case:17-03283-LTS Doc#:18391-1 Filed:10/05/21 Entered:10/05/21 12:14:26 Desc: Pro se Notices of Participation Page 22 of 49

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Elizabeth Santiago Participant's Address:

Participant's Email Address:

Participant's Email Address:

Elizabeth Santiago Culimano @ gmail.com

Name of Counsel:

UA

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Daved money from pension plant

By:

Signature

Elizabeth Santiago Podugueg,

Signature

Elizabeth Santiago Podugueg

Print Name

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Title (if Participant is not an individual)

LERK'S OFFICE DISTRICT COURT SAN JUAN, PR

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Case:17-03283-LTS Doc#:18391-1 Filed:10/05/21 Entered:10/05/21 12:14:26 Pro se Notices of Participation Page 24 of 49

Participant must provide all of the information below in English 1. PR

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Adeline Rodniquez Marraro
Participant's Address: Calle San Padro # 751 Urb. San Ragae PR 18612
Participant's Email Address: Ordelinerodniquez a gmail. Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 143849
Nature of Claim: Public employer + retired
By: All
Signature
Print Name Rodniques Marrero
Title (if Participant is not an individual)
15/2001/21
Date

U.S. DISTRICT COURT SAN JUAN, PR

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Participant must provide all of the information below in English: J.S. DISTRICT COURT

if any	ontact information, including email address, and that of its counsel,
Participant's Name:	Pablo Burges Rivera
	1216 Edinburgh Way Lake Alfred F-L. 3385
Participant's Email Address:	digali 22 @ yahoo. Com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	17 BK 3283-LTS
Nature of Claim:	Promesa title 111
By: Pable Burger Signature	Rivere
Print Name	os Rivera
Title (if Participant is Date	

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Case:17-03283-LTS Doc#:18391-1 Filed:10/05/21 Entered:10/05/21 12:14:26 Desc Pro se Notices of Participation Page 28 of 49

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Diana M. Ortil Rodriguez
Participant's Address: 1216 Edinburgh Way Lake Alfred FL. 338
Participant's Email Address: digali 22 @ Yahoo. Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 BK 3283 - LTS
Nature of Claim: Prome 50 + 1 + 1 = 111 By: Man Delay Signature
Diane M. O Aiz Rodriquez Print Name
Title (if Participant is not an individual)
September 28, 2021 Date

Desc:

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Case:17-03283-LTS Doc#:18391-1 Filed:10/05/21 Entered:10/05/21 12:14:26 Desc Pro se Notices of Participation Page 30 of 49

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

if any:
Participant's Name: Nelida Baez Agosto
Participant's Address: POBOX 2878 Guaynabo PB-00970
Participant's Email Address: nutricion 02020@gnail. Con
Name of Counsel:
Address of Counsel: MA
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17BK3283-2TS
Nature of Claim: Jointly Administered
By: Velida Baez agost
Signature
Nelida Baez Agosto
Print Name
Promesa III
Title (if Participant is not an individual)
17 deseptiembrede2021
Date

U.S. DISTRICT COURT SAN JUAN. PR

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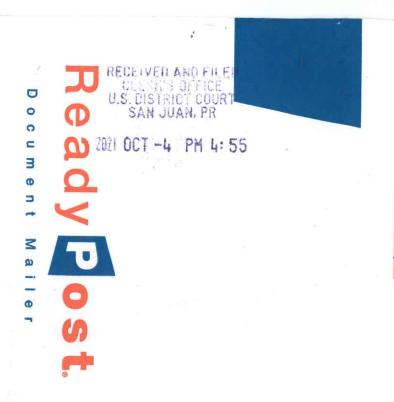
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Case:17-03283-LTS Doc#:18391-1 Filed:10/05/21 Entered:10/05/21/12:14:26 Desc: Pro se Notices of Participation Page 32 of 49

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel, 1. if any: Carlos R. Figuero a Zayas Com. Cristina calle Las Margaritas #207 Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Claim unrecieved incentive Nature of Claim: Print Name Title (if Participant is not an individual) August 8, 2021



O: UN; ted STATES D:STRICT GURS CLERK'S OFFICE 150 AVE. CARDS CHARDONSTE. 150 SAN JUAN, P.R. 00918-1767



Case:17-03283-LTS Doc#:18391-1 Filed:10/05/21 Entered:10/05/21 12:14:26 Pro se Notices of Participation Page 34 of 49

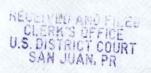
SRF 55923

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:	1021 OCT -4 PM 4: 33
Participant's Name:	ia. E. Rivera Rivas
Participant's Address:	Turabo Hdens K-4 Calle 3 Caguas P. R
Participant's Email Address:	N A 00127-
Name of Counsel:	NA
Address of Counsel:	NA
Email Address of Counsel:	NA
2. Participant's Claim nu	mber and the nature of Participant's Claim:
Claim Number: 17 5	3283-178
Nature of Claim:	do no recibido.
By: Light Bires R	was the production of the man has seed one
Lydia E. Rivera Riv Print Name	las
Title (if Participant is not an in	adividual)
Date 20, 200	2/-



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Case:17-03283-LTS Doc#:18391-1 Filed:10/05/21 Entered:10/05/21 12:14:26 Desc: Pro se Notices of Participation Page 36 of 49

Participant must provide all of the information below in English:

 Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Luis (ruz De Jesus)
Participant's Address: HC-Buzon 6380, Bo-Los Hollos II
Participant's Email Address: N/A
Name of Counsel: N/A
Address of Counsel: N/A
Email Address of Counsel: N/A Tel. (787) 972-9368
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 BK 3283 - LT5
Nature of Claim: Money Owned by framesq fifle
By: Luis Cuy De Jerry
Signature
Luis CRUZ de Jesus
Print Name
TAPET
Title (if Participant is not an individual)
09/9/2021
Date /



Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Leonardo Gonzalez Tirado
Participant's Address: P.O. Box 1325 Gaaynabo PR 00970
Participant's Email Address: 19washy 15 2 amoil, com
Name of Counsel: The Financial Oversight Managment
Address of Counsel:
Email Address of Counsel: The Commonth of Riento Rico
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: No. 17BK 3283 - LTS
Nature of Claim; 1 - Promesa Title III
Ву:
Signature Signature
Leonardo Gonzalez Tirado Print Name
Title (if Participant is not an individual)
August 2021

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Case:17-03283-LTS Doc#:18391-1 Filed:10/05/21 Entered:10/05/21 12:14:26 Desc: Pro se Notices of Participation Page 40 of 49

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

ii aiiy.		
Participant's Name:	Carmen Rivera Rivera	
Participant's Address:	C-16 L-55 Urb. Rio G	Grande 5 late Rio Gran
Participant's Email Address:	Karmenrivera 56 @ gmail. Co.	n
Name of Counsel:		
Address of Counsel:		X
Email Address of Counsel:		
2. Participant's C	Claim number and the nature of Participar	nt's Claim:
Claim Number:	170813	
Nature of Claim:		
By: Carren you	entruero.	
Signature	totile at the Winner to the publication of	
Print Name	era Rivera	20.00
Frint Name		7 200
Title (if Participant is	not an individual)	
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23 de sépti	embre 2021	₩: 29
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<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

CLERM'S OFFICE U.S. DISTRICT COURT SAN JUAN, PR

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RIO GRANDE DISTRICT
27 SEP 2021 PM 3 L

sent, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan P.R 00918-176

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Case:17-03283-LTS Doc#:18391-1 Filed:10/05/21 Entered:10/05/21 12:14:26 Desc: Pro se Notices of Participation Page 42 of 49

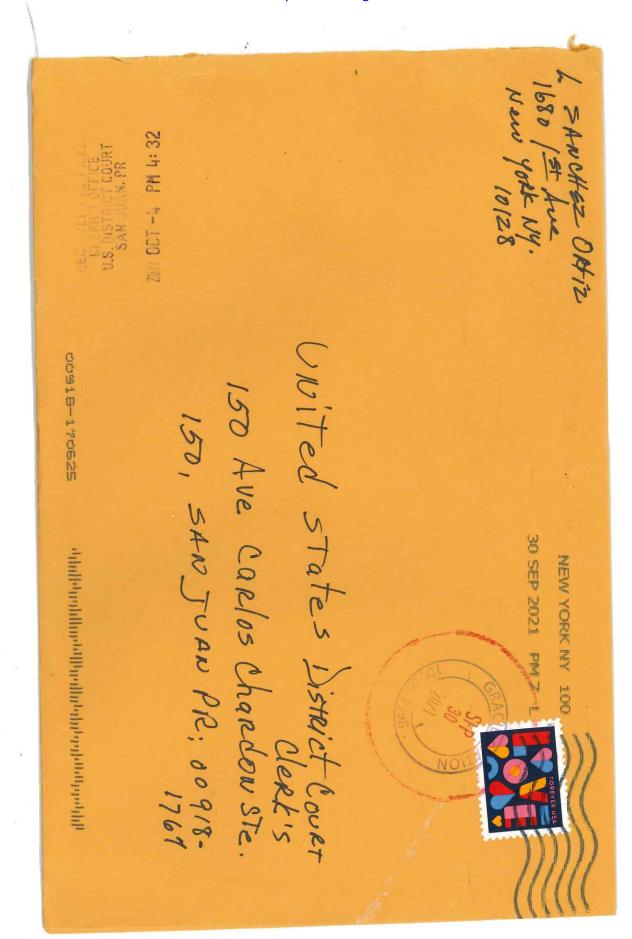
Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

articipant's Name:	I hiz SANCHEZ ORTIZ	iprof
articipant's Address:		SHARM FILES
rticipant's Email Add	dress:	
ame of Counsel:	0 5000	
ddress of Counsel:	Day Thia	and a lands
nail Address of Coun	isel:	
2. Participa	ant's Claim number and the nature of Participant's Claim:	
aim Number:		
ature of Claim:		
y:		Secretary of the Secret
Signature	the are the last explicit relief at the last the are	and the second
Print Name		S S S S S S S S S S S S S S S S S S S
Title (if Particip	pant is not an individual)	
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<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Date



Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any:
Participant's Name: Isabel Acevedo Rodrígues
Participant's Address: 200 Seth Green Drive Apt 2004 Kochester,
Participant's Email Address: Lachavito 2010 a) hof maile Com 45 6789
Name of Counsel: Wire of Counsel:
Address of Counsel:
Email Address of Counsel: SAN JUAN, COURT & SAN JUAN, PR
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 10
Nature of Claim: Accumulate vetive ment Contri
By: Date Crewdo Rochigus Signature
Isabel Acevedo Rodniquez
Print Name
Title (if Participant is not an individual)
29 Septiembre de 2021
Date

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: <u>United States District Court</u>, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Case:17-03/283-LTS/Doc#;18391-1, Filed:10/05/21 Entered:10/05/21 12:14:26
Pro se Notices of Participation Page 45 of 49 200 Seth Green Drive Apt. 2224 Sochester, N. Y. 14621









Unite States Bistrict Court, Clerk's Office, 150 Ave. Carlos Chardon Ste.

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Fernando Agueda R. Os
Participant's Address: Colle Camino Olas Riveras 37-31 wb.
Participant's Email Address: Lachavito 2010 a hot mail - Com (Email Address.
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim: SAN JUAN, PR
Claim Number: 17BK 3283 - L B
Nature of Claim: Accumulate retirement contributions
Signature Fernando Agreda Ríos (fallecido) Print Name
Title (if Participant is not an individual) 29 de Septiembre de Dons Date

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Doc#:18391-1 Filed:10/05/21 Entered/10/05/21 12:14/26 Desc: Pro se Notices of Participation Page 47/0f 49 Procession Page A guien pueda interesar: Mi esposo Fernando Agueda Rios también había aplicado solicitud de Prime Clerk pero, este fallecro-es 2 de febrero de 2021, de Covid-19. El tiene 2 herederss y yo como esposa. Los herederos son: 1. Samuel Agueda Acevedo (hijo) 2. I samar Leumary Agueda Navarro (su hijo de 3. Isabel Acevedo Rodrígues (esposa cido/heredera)

Qué hacen ustedes en el caso de mi
fallecido esposo. La parte se la pasan a sus nerederos. Quise informarles lo aconfecido. Gracias; a tentamente, Sabel acuredo Roduguez P.D. Envié copia de Certificado de defunción de mi esposo. (adjunto)

Case:17-03283-LTS Doc#:18391-1 Filed:10/05/21 Entered:10/05/21 12:14:26 Desc: Pro se Notice configuration Page 48 of 49 RECORDED DISTRIC 0011-1961 (8/2011) 131-2021-00016802 GISTER NU CERTIFICATE OF DEATH STATE FILE NUMBER 1448 3A DATE OF DEATH MIDDLE NAME FIRST FEMALE YEAR ദാ 2021 04:13 PM **3** □ 2 02 Fernando Agueda Ríos 4B IF FACILITY, DATE ADMIT 4A PLACE OF DEATH HOSPITAL HOSPITAL DOA ER OUTPATIENT 2021 01 15 4E COUNTY OF DEATH AC NAME OF FACILITY: (If not lackly, give address) 40 LOCALITY CITY VILLAGE TOWN Monroe Rochester Rochester General Hospital П 4G WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (II yes, specily instaution name, city or town, county and state) AF, MEDICAL RECORD NO. 40099157 7A CITY AND STATE OF BIRTH, (If not USA, Country and Region/Province) 78 IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF 5 DATE OF BIRTH. 60 IF UNDER 1 DAY ENTER. SA AGE IN YEARS 68. IF UNDER YEAR MONTH 1947 12 Unknown, Puerto Rico 10 DECEDERT'S RACE. Check one or more races to industrie what the decident considered himself of herself to be 8 SERVED IN U.S. ARMED FORCES? (Specify years) 9 DECEDENT OF HISPANIC ORIGIN? cased the borres that been describe weather the decedent in A 🐼 White Caucastan B 🔲 Black or African American A 🔲 190, not Spenish this particil elmo — B 🔲 Yes, Mexican, Mexican American, Chicano C Asian Indian D Dhinese MO YES D Tes, Dates G 🔲 Kenten H 🔲 Vietnomese F 🔲 Japanesa M Samoan E Yes, Other Spanish/Hespanic/Latino (Specify) J Malive Hawasian K Guamanian or Chamorro 11 DECEDENTS EDUCATION. Creat the best feel destribute the highest degree at freed of school completed at the large of death H American Indian or Alaska Native (specify) 2 9th-12th grade, no diploma 3 20 High school graduate or GED 1 🔲 ≤åth græda R Other Pacific Islander (specify) P [] Other Assan (specify) 4 🔲 Some college crode, but no degree — 5 🔲 Associate's degree 6 Bacheior's degree S Calver (schedify) 8 🔲 DoctorataProfessoral degree 14 SURVIVING SPOUSE Enter both name of spouse if married or separated Isabel Acevedo 13 MARITAL STATUS 12 SOCIAL SECURITY NUMBER. NEVER MARRIED AVDOMED: DIVORCED SEPARATED 5 MARRET **2** 3 584-62-7504 15C NAME AND LOCALITY OF COMPANY OR FIRM 158 KIND OF BUSINESS OR INDUSTRY 15A USUAL OCCUPATION (Do not enter retired) Escuela de Artes Plasticas Maintain worker 16F IF CITY OR VILLAGE IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? TYPES INO FRO, SPECIFY TOWN 18C LOCALITY (Check one and specify) CITY VALLAGE TOWN 184 RESIDENCE 168 County or Region/Province (State or Country if not USA) Toa Alta 180 STREET AND HUMBER OF RESIDENCE 16E ZIP CODE 3 Camino Las Riveras Calle B31 00953 LAST 18 BIRTH HAME OF MOTHER / PARENT 17 BIRTH NAME OF FATHER / PARENT. Reira Rios Fernando Agueda 198, MAILING ADDRESS (include ap code) 19A NAME OF INFORMANT 200 Seth Green Drive 2224, Rochester, NY 14621 Isabel Acevedo 20C LOCATION. (City or town and state) 208 PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION 20A 1 20 BURGAL 2 CHEMATHER 3 CHEMATH 4 CHOLD 5 DONATION 6 DENTONEMENT Toa Baja, Puerto Rico 2021 Mausoleo Municipal 02 218 REGISTRATION NUMBER. Paul L Murphy & Sons Funeral Home 01334 127 E Miller St, Newark, NY 14513 228 SIGNATURE OF FURERAL DIRECTOR. 22C REGISTRATION NUMBER 22A NAME OF FUNERAL DIRECTOR. 12583 Paul L Murphy Electronically Signed Paul L Murphy
23A SIGNATURE OF REGISTRAN 24A BURIAL OR REMOVAL PERMIT ISSUED BY. 249 DATE ISSUED 239 DATE FILED DAY YEAR YEAR 2021 13 13 2021 Susan Bellanca 02 Michael Mendoza, MD, MPH Electronically Signed ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN — OR — CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER 25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. Certifier's Name Signature: License No · Month Year Auf Sohail, MD Day 02 2021 02Electromically Signed Certifier's Title 0 Attending Physician 0 E Physician acting on behalf of Attending Physician 1 Coroner 2 Medical Examiner / Deputy Medical Examiner 1425 Portland Ave, Rochester, NY 14621 License No 258. If coroner is not a physician, enter Coroner's Physician's name & fille Synature 25C If ceration is not attending physician, enter Altending Physician's name & title Licensa No 132 Brittany Ln, Pittsford, NY 145340000 Jayashn Bhaskar, Medicine 276489 268 Deceased last seen alive 26A Attending physician attended deceased Year 02 2021 NT 04:13 PM 01 2021 02 02 2021 by approxing physician 02 02 2021 02 298 IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? 27 MANNER OF DEATH 28 WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? ZSA AUTOPSY? NO YES REFUSED UNDETERMINED CIRCUMSTANCES PENDING INVESTIGATION NATURAL CAUSE **ACCIDENT** HOMICIDE SUICIDE 0 K M 1 TYES 0 🗌 WO 1 🗌 YES **3** □ 2 SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH CONFIDENTIAL CONFIDENTIAL approximate inverval Between coset and ceath 30 DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)) PART I MANEDIATE CAUSE days (A) Hypoxic respiratory failure but to dr as a construence of

days

davs

Q □ AO 1 □ YES 2 □ PROBABLY 3 🗷 UNKKHOWH

338 DATE OF DELIVERY

31E BUURY AT WORK?

YEAR

NO YES

DID TOBACCO USE CONTRIBUTE TO DEATH?

310 PLACE OF INJURY:

2 Hot arranged, but program was 42 days of deals

(9) pneumonia

31A IF INJURY, DATE

(c) covid 19

5

DUE TO OR AS A CONSEQUENCE OF

31F IF TRANSPORTATION INJURY, SPECIFY

1 ☐ Drives/Operator 2 ☐ Passacriger 3 ☐ Pediesidae

PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A) <<<>>>

318, INJURY LOCALITY; (City or fown and county and state)

32 WAS DECEMENT
HOSPITALIZED IN NO YES O Represent written bely year
LAST 2 MONTHS? GRO 1 3 Represent better assessed 6

0 1 3 Not programt, but programs 43 days to 1 year before tisals

31C DESCRIBE HOW INJURY OCCURRED

t 🔲 Programa at trave of death

Case:17-03283-LTS/Doc#18391-1 Filed:10/05/21 Entered:10/05/21 12:14:26 Pro se Notices of Participation Page 49 of 49 Seth Green Drive Apt. 2224 ochester, N. Y. 14621









Unite States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste.